

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5136E-4 (03-03)	POLLUTION INCIDENT DAILY RESOURCE REPORT	CONTRACTOR/ SHORT FORM Page _____ of _____ (RCN-16451-1)
--	---	---

FPN/CERCLA NUMBER _____ DATE _____

CONTRACTOR: _____ PO/CONTRACT NO.: _____

If information described below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed.

PERSONNEL								
CLIN	NAME (LAST, FIRST)	HOURS FROM	TO	TOTAL HRS	HOURLY RATE	RATE CHARGE	PER DIEM	TOTAL COST

TOTAL COST THIS DATE: _____

EQUIPMENT									
CLIN	ITEM DESCRIPTION	RATE BASIS	EMPLOYED FROM	TO	# UNITS	RATE/ UNIT	RATE CHARGES	NON-RATE CHARGES	TOTAL COST

TOTAL COST THIS DATE: _____

SUBCONTRACTORS				
Were any subcontractors hired? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how many: _____				
CLIN	SUBCONTRACTOR'S NAME	COST	ADMIN FEE	TOTAL COST

TOTAL COST OF SUBCONTRACTORS FOR THIS DATE: _____

MATERIALS USED/OTHER EXPENSES					
CLIN	DESCRIPTION	UNIT DESC.	UNITS USED	UNIT COST	TOTAL COST

TOTAL COST OF MATERIALS USED/OTHER EXPENSES FOR THIS DATE: _____

CONTRACTOR'S CERTIFICATION: I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above: <div style="border-top: 1px solid black; width: 100%; margin-top: 10px;">Contractor's Authorized Representative</div>	ON SCENE COORDINATOR'S/LEAD TRUSTEE'S REVIEW: I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents. <div style="border-top: 1px solid black; width: 100%; margin-top: 10px;">FOSC/Lead Trustee</div>
---	--

POLLUTION INCIDENT RESOURCE REPORT -- CG-5136E-4

CONTRACTOR SHORT FORM. (This can be used in lieu of long forms CG-5136-(1-3).

How to complete form:

1. **FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
2. **Date:** Report the date the costs were incurred.
3. **Contractor:** Name of contractor, indicate if supporting documentation is attached.

Contractor Personnel Provide the following information for each individual.

4. **CLIN:** The applicable contract line item number.
5. **Name:** First and last names of contractor personnel involved in removal activity.
6. **Job:** What was the employees job (i.e., supervisor, equipment operator, laborer); this may require an abbreviation to be entered.
7. **Hours Employed:** The starting and ending times during which personnel were performing removal activities.
8. **Total Hours:** Hours spent performing removal duties.
9. **Hourly Rate:** The hourly rate of pay for the personnel.
10. **Rate Charge:** The number of hours multiplied by the hourly rate of pay.
11. **Per Diem:** Per diem costs incurred by the personnel. This assumes a flat rate per diem is authorized by the contract. Otherwise, per diem type costs should be documented as other expenses on the CG-5136-E form.
12. **Total Cost:** The sum of the Rate Charge and the Per Diem costs.
13. **Total Personnel Costs For This Date:** The sum of the amount entered in the Total column.

Contractor Equipment Provide the following information for each piece of equipment used in removal activities.

14. **CLIN:** The applicable contract line item number.
15. **Item Description:** Description of the equipment used for removal activities.
16. **Rate Basis:** The basis used for charging equipment costs (i.e., hourly, daily weekly).
17. **Employed From/To:** The period of time the equipment was used.
18. **Units:** The number of units for which the equipment was utilized expressed in terms of the rate basis (i.e., number of hours, days, weeks).
19. **Rate/Unit:** The rate charged per unit.
20. **Rate Charges:** The rate per unit multiplied by the number of units.
21. **Non Rate Charges:** Total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
22. **Total Cost:** The sum of the Rate Charge and the Non-Rate Charges.
23. **Total Equipment Costs For This Date:** The sum of the amounts entered in the Total Costs column.

Subcontractors Indicate whether subcontractors were hired. If marked Yes, complete the remainder of the subcontractors section and attach copies of the subcontractor's Daily Resource Reports. Subcontractors should complete CG-5136E (1-4) forms as applicable.

24. **CLIN:** The applicable line item number.
25. **Subcontractor's Name:** Name of the subcontractor.
26. **Cost:** Costs incurred by the subcontractor for this date.
27. **Admin. Fee:** Fee charged for the subcontractors administration.
28. **Total Cost:** The sum of subcontractor costs and administration costs.
29. **Total Cost Of Subcontractors For This Date:** The sum of the amount entered in the Total Costs column.

Materials Used/Other Expenses

30. **CLIN:** The applicable contract line item number.
31. **Description:** Description of material or items used or purchased.
32. **Units Used:** Units of material or items used or purchased.
33. **Unit Cost:** Cost per unit.
34. **Total Cost:** Units used multiplied by Unit Cost.
35. **Total Cost Of Materials Used/Other Expenses For This Date:** The sum of the amount entered in the Total Cost column.
36. **Subcontractor's Name:** Name of subcontractor.
37. **Contractor's Certification:** Contractor's Certification of the validity of the information presented.
38. **FOSC/Trustee Signature:** Certification by FOSC/Lead Trustee: the FOSC certifies that the items listed were authorized for the date reported. **The FOSC does not certify contract rates or costs.**